

PTO/SB/53 (10-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

155634-0012

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) Me Van Le and Jong-Ming Lin

Patent Number 5,867,343

Date Patent Issued Feb. 2, 1999

Title of Invention

METHOD AND APPARATUS FOR STORING POSITION OFFSET INFORMATION ON A HARD DRIVE ASSEMBLY CYLINDER

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are Samsung Electronics, Ltd., and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Samsung Electronics, Ltd.

Signature

Date

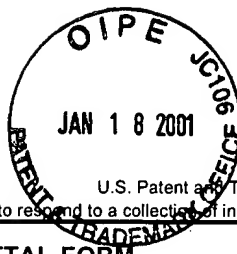
1/9/01

Typed or printed name and title of person signing for assignee (if assigned)

Kee Eok Jang

Chief Financial Officer

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/56 (08-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 155634-0012		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 34 (D) 9	**** 14 =	x \$ _____ =	or	x \$ 18 =	252.00	
(C) 3			* 6 =	x \$ _____ =		x \$ 80 =	480.00	
Basic Fee (37 CFR 1.16(h))				\$ 710			\$ 710	
Total Filing Fee				\$		OR	\$ 1442.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 18 =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 80 =		x \$ _____ =	
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0946</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,442.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>1/18/01</u> Date				<u>Ben J. Yorks</u> Signature of Applicant, Attorney or Agent of Record				
				Ben J. Yorks, Reg. No. 33,609 Typed or printed name				

jc639 U.S. PTO
09/765891
01/18/01



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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

155634-0012

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,867,343, granted February 2, 1999, and for which a

reissue patent is sought on the invention entitled _____

METHOD AND APPARATUS OF DETERMINING READ AND WRITE ELEMENTS OF A MR HEAD,

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____.

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

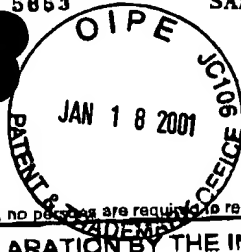
☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The applicant contends that the original patent claims less than its disclosure provides for. In particular, the applicant is seeking to more fully claim the subject matter of Figures 6A and 9A, along with their corresponding descriptions in the specification.



PTO/SB/31 (10-00)

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
155834-0012

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)	Registration Number
Ben J. Yorks	33,609
Jeff Aiello	38,086

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	IRELL & MANELLA LLP				
Address	840 Newport Center Drive				
Address	Suite 400				
City	Newport Beach	State	California	Zip	92660
Country	USA				
Telephone	(949) 760-0991	Fax	(949) 760-5200		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Me Van Le

Inventor's signature *Me Van Le* Date Jan. 10, 2001

Residence 870 Pacheco Drive, Milpitas, California 95035 Citizenship U.S.A.

Mailing Address Same as above

Full name of second joint inventor (given name, family name)

Jong-Ming Lin

Inventor's signature Date

Residence 7950 Cranberry Circle, Cupertino, California 95014 Citizenship U.S.A.

Mailing Address Same as above

Full name of third joint inventor (given name, family name)

Inventor's signature Date

Residence Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.